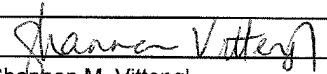


<h1 style="margin: 0;">FEE TRANSMITTAL</h1>	<p style="text-align: center; margin: 0;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/775,599-Conf. #2143</td> </tr> <tr> <td>Filing Date</td> <td>February 10, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Eugene Y. Chan</td> </tr> <tr> <td>Examiner Name</td> <td>J. M. Ludlow</td> </tr> <tr> <td>Art Unit</td> <td>1773</td> </tr> <tr> <td>Attorney Docket No.</td> <td>C0989.70030US01</td> </tr> </table>	Application Number	10/775,599-Conf. #2143	Filing Date	February 10, 2004	First Named Inventor	Eugene Y. Chan	Examiner Name	J. M. Ludlow	Art Unit	1773	Attorney Docket No.	C0989.70030US01
Application Number	10/775,599-Conf. #2143												
Filing Date	February 10, 2004												
First Named Inventor	Eugene Y. Chan												
Examiner Name	J. M. Ludlow												
Art Unit	1773												
Attorney Docket No.	C0989.70030US01												
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27													
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 280.00												

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>	

<b>FEE CALCULATION</b>																	
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)										
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)											
Utility	380	190	620	310	250	125											
Design	250	125	120	60	160	80											
Plant	250	125	380	190	200	100											
Reissue	380	190	620	310	750	375											
Provisional	250	125	0	0	0	0											
<b>2. EXCESS CLAIM FEES</b>																	
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Small Entity Fee (\$)</th> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td>60</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>250</td> </tr> <tr> <td>Multiple dependent claims</td> <td>450</td> </tr> </table>			Small Entity Fee (\$)	Each claim over 20 (including Reissues)	60	Each independent claim over 3 (including Reissues)	250	Multiple dependent claims	450		
	Small Entity Fee (\$)																
Each claim over 20 (including Reissues)	60																
Each independent claim over 3 (including Reissues)	250																
Multiple dependent claims	450																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>0</td> <td>- 20 or HP</td> <td>0 x 30.00 =</td> <td>0.00</td> </tr> </table>						Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	0	- 20 or HP	0 x 30.00 =	0.00				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)														
0	- 20 or HP	0 x 30.00 =	0.00														
<small>HP = highest number of total claims paid for, if greater than 20.</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>0</td> <td>- 3 or HP</td> <td>0 x 125.00 =</td> <td>0.00</td> </tr> </table>						Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	0	- 3 or HP	0 x 125.00 =	0.00				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)														
0	- 3 or HP	0 x 125.00 =	0.00														
<small>HP = highest number of independent claims paid for, if greater than 3.</small>																	
<b>3. APPLICATION SIZE FEE</b>																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/50 = _____ (round up to a whole number) x</td> <td></td> <td></td> </tr> </table>						Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 = _____	/50 = _____ (round up to a whole number) x				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
_____	- 100 = _____	/50 = _____ (round up to a whole number) x															
<b>4. OTHER FEE(S)</b>																	
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>											
Other (e.g., late filing surcharge): 2252 Extension for response within second month						280.00											

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	55,548
Name (Print/Type)	Shannon M. Vittengl	Telephone	617.646.8000
		Date	November 21, 2011

<b>Certificate of Electronic Filing Under 37 CFR 1.8</b> I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4). Dated: November 21, 2011      Electronic Signature for Marjorie A. DePina: /Marjorie A. DePina/	
--	--